

**YOUTH SERVICES  
MEMORANDUM OF FAMILY AND MEDICAL LEAVE STATUS**

Date: \_\_\_\_\_

TO: \_\_\_\_\_

Employee Name	Classification
_____	
Street Address	
_____	
City, State & Zip Code	

This memorandum is to confirm that you have notified the unit's HR Liaison of your need for FMLA. Your request is currently being reviewed by Public Safety Services Human Resources, who will notify you directly to confirm whether or not you qualify for FMLA.

Until such time as you are notified by Public Safety Services Human Resources, your current FMLA status is as noted below:

1. ☐ Our records suggest that you are ineligible for FMLA.
2. ☐ Our records suggest that you are eligible for FMLA.
3. ☐ Review of your FMLA request by Public Safety Services Human Resources is pending their receipt of the appropriate medical certification form provided to you on \_\_\_\_\_, the date of your request to the unit's HR Liaison, for the following reason:
  - ☐ Birth of a child
  - ☐ Placement of a child for adoption or foster care
  - ☐ Your own serious health condition
  - ☐ Serious health condition affecting your:
    - ☐ spouse
    - ☐ child
    - ☐ parent which is incapable of self care.

**The form must be returned within 15 days of the date of receipt.** You may fax the form to: 225-925-3970 or mail it to:

Public Safety Human Resources  
P.O. Box 66614  
Baton Rouge, LA 70896-6614

If you have questions concerning the form, please call 225-925-6067.

4. ☐ You are tentatively being placed on FMLA pending approval by Public Safety Services Human Resources.
5. ☐ This leave ☐ may ☐ will be counted against your FMLA entitlement and will begin, or began on, \_\_\_\_\_. You have indicated that you expect this need for leave to continue until, on, or about \_\_\_\_\_.

Provided you comply with the conditions listed below, you have a right under the FMLA for up to 12 workweeks of leave in a 12-month period for the reason indicated above. You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave.

6. ☐ You must first use your available paid leave balances for FMLA leave. Leave Without Pay (LWOP) will only be granted after you have exhausted your paid leave (annual, sick or straight compensatory balances). If LWOP is used, YS shall continue to pay the employer and employee's share of the insurance premiums, but the employee will be required to pay back to the agency the employee's share of those premiums upon returning to work. Please circle your choice of a. or b. below.

- a. Upon my return to work, I agree to repay the employee share of my insurance premiums that YS paid while I was on FMLA/LWOP.

\_\_\_\_\_  
(Employee signature)

- b. I will send payments to YS for the employee share of my monthly insurance premiums while I am on FMLA/LWOP. (Checks must be made payable to Youth Services.)

**NOTE: If payment is not received, the recoupment process will start upon my returning to work through Public Safety Services Human Resources.**

\_\_\_\_\_  
(Employee signature)

7. ☐ For leave due to your own serious health condition, pregnancy complications or a chronic condition, you are required to furnish the "FMLA Request to Return to Work" form completed by your health care provider upon your return to work. This form was provided to you on the date of your FMLA request to the unit's HR Liaison.
8. ☐ While on leave, you are required to furnish the unit's HR Liaison with periodic reports every 30 calendar days of your status and intent to return to work.

### A.2.5 (e)

9. ☐ Please note that in accordance with U.S. DOL FMLA laws, work-related duties must not occur while you are in FMLA status (i.e. answering emails, telephone calls, reviewing / signing paperwork, etc.). Should such activity take place while on FMLA status, you are required to contact your immediate supervisor and the unit's HR Liaison to report such activity and document your time appropriately. Work activity during FMLA status is required to be coded as "annual" leave in the LaGOV HCM system, therefore annual leave must be applied for through LEO or a hard-copy SF-6 "Application for Leave" form. Your FMLA status will be adjusted accordingly following these events. However, it is highly recommended that these activities do not occur during FMLA status.
10. ☐ Comments or questions regarding FMLA request, or issues concerning the request, should be directed to Public Safety Human Resources at 225-925-3970.

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HR Liaison Signature

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Unit Head's Signature

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HR Liaison Name (Print or Type)

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Unit Head's Name (Print or Type)

C: *PSS HR Employee FMLA File*